

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/796,976				
Filing Date*	March 11, 2004				
First Named Inventor	YU				
Group Art Unit	1754				
Examiner Name	P.A. Wartalowicz				
Attorney Docket No.	3230-98				

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

		a.	a. The Amendment/Reply filed on										
		b.	The Information Disclosure Statement (IDS) filed on (date):										
		c.	The Brief/Reply Brief filed on (date):										
		đ.	The page(s) of Form PTO-1449 and copy of each listed document filed (date):										
	Ø	e.	Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.										
Ø	2.	ΑŢ	A <u>TWO-</u> month Petition for Extension of Time is filed herewith.										
Ø	3.	The fee	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.										
Ø	4.	Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$620 to cover the Small Entity Filing Fee (\$395) and the Small Entity Extension Fee (\$225). A duplicate of this form is enclosed herewith.											
	5.	Thi	This Request is transmitted by facsimile to number (703)										
0	6.	Other:											
	THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$790.00											\$790.00	
Total Claims: 5 - 20 (highest number pre							(highest number pro	evious	sly paid for) =	0.00	X \$18 =	0	
Inc	depen	dent	Claims:	3	-	3	(highest number pro	evious	sly paid for) =	0.00	X \$86 =	0	
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041						2	Multiple Dependent Claim (add \$280.00): 0						
						1404	Subtotal: \$790.00				\$790.00		
CUSTOMER NUMBER: 40144						0144	50% Reduction if Small Entity Status: \$395.00				\$395.00		
Phone: 703-575-2711 Fax: 703-575-2707							x: 703-575-2707	Total: \$395.00				\$395.00	
Date: Name:							Name:	Signature: R			Reg. No.		
June 29, 2007 Bruce H. Troxell						Bruce H. Troxell	26,592 26,592 26,592						
			<del></del>						07/02/20		395.09 D		
	@1 FC:28@1 395.00 PA												